

Form W-2 Wage and Tax Statement 2020		7 Social security tips	1 Wages, tips, other compensation 4,701.79	2 Federal income tax withheld 230.88
c Employer's name, address, and ZIP code STATE OF NEW YORK 110 STATE STREET ALBANY NY 12207		8 Allocated tips	3 Social security wages	4 Social security tax withheld
			5 Medicare wages	6 Medicare tax withheld
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
e Employee's name, address, and ZIP code MOHITH INDLA 1550 SUNSET AVE UTICA NY 13502-5305		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other	12b
		b Employer identification number (EIN) 14 - 6013200		12c
		a Employee's social security number XXX-XX-6222		12d
15 State NY	Employer's state ID number 146013200	16 State wages 4,701.79	17 State income tax 91.48	18 Local wages
			19 Local income tax	20 Locality name

Copy B-To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 Dept. of the Treasury - IRS Visit the IRS website at www.irs.gov/efile.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement 2020		7 Social security tips	1 Wages, tips, other compensation 4,701.79	2 Federal income tax withheld 230.88
c Employer's name, address, and ZIP code STATE OF NEW YORK 110 STATE STREET ALBANY NY 12207		8 Allocated tips	3 Social security wages	4 Social security tax withheld
			5 Medicare wages	6 Medicare tax withheld
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
e Employee's name, address, and ZIP code MOHITH INDLA 1550 SUNSET AVE UTICA NY 13502-5305		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other	12b
		b Employer identification number (EIN) 14 - 6013200		12c
		a Employee's social security number XXX-XX-6222		12d
15 State NY	Employer's state ID number 146013200	16 State wages 4,701.79	17 State income tax 91.48	18 Local wages
			19 Local income tax	20 Locality name

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 Dept. of the Treasury - IRS Visit the IRS website at www.irs.gov/efile.

Form W-2 Wage and Tax Statement 2020		7 Social security tips	1 Wages, tips, other compensation 4,701.79	2 Federal income tax withheld 230.88
c Employer's name, address, and ZIP code STATE OF NEW YORK 110 STATE STREET ALBANY NY 12207		8 Allocated tips	3 Social security wages	4 Social security tax withheld
			5 Medicare wages	6 Medicare tax withheld
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
e Employee's name, address, and ZIP code MOHITH INDLA 1550 SUNSET AVE UTICA NY 13502-5305		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other	12b
		b Employer identification number (EIN) 14 - 6013200		12c
		a Employee's social security number XXX-XX-6222		12d
15 State NY	Employer's state ID number 146013200	16 State wages 4,701.79	17 State income tax 91.48	18 Local wages
			19 Local income tax	20 Locality name

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Dept. of the Treasury - IRS